

## PAYMENT VOUCHER

GENERAL INFORMATION	
Vendor Name and Address	Tax I.D./Soc. Sec. # _____
Name: _____	Vendor #: _____
Address: _____	Zip Code: _____
Address: _____	
City-State: _____	
Case No. _____	Case Title: _____
Case Type _____	

FOR ATTORNEYS	
Date Appointed _____	by Judge _____ in Dept. _____
Code Section _____	Appointed For _____
CIRCUMSTANCES OF APPOINTMENT	
<input type="checkbox"/> Conflict <input type="checkbox"/> PD unavailability <input type="checkbox"/> Other (Specify): _____	
Date Service Performed from _____	to _____
Hourly Rate _____	Maximum Amount Authorized _____
<input type="checkbox"/> W-9 Attached <input type="checkbox"/> Case Print Attached <input type="checkbox"/> Order Attached	
<b>OFFICE BILLING INVOICE OR DECLARATION REGARDING FEES MUST BE ATTACHED.</b>	

FOR INVESTIGATORS/INTERPRETERS/OTHER	
Date of Appointment/Court Order _____	by Judge _____ in Dept. _____
Code Section _____	
Name of Attorney _____	or In Pro Per _____
Type of Service <input type="checkbox"/> Investigator <input type="checkbox"/> Expert <input type="checkbox"/> Other: _____	
Hourly Rate _____	Maximum Amount Authorized _____
<input type="checkbox"/> W-9 Attached <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Receipts Attached	
Verified by _____	
Attorney Name (printed)	Signature    Date
<b>OFFICE BILLING INVOICE OR DECLARATION REGARDING FEES MUST BE ATTACHED.</b>	

FOR COURT USE ONLY	
FEES ORDERED IN THE SUM OF \$ _____	Verified by _____ For \$ _____
	Entered into Court Record on _____
Signature of Judge _____	Date _____

I DECLARE THE FOREGOING AND ANY ATTACHMENTS HERETO TO BE AN ACCURATE STATEMENT OF SERVICES RENDERED IN THIS CASE.

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

\*INSTRUCTIONS FOR SUBMISSION OF PAYMENT VOUCHER Attached for Claimant's information. App. 5-1-01